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United Nations Population Fund

Country programme document for Bangladesh

Proposed indicative UNFPA assistance:	$52.6 million: $26.3 million from regular resources and $26.3 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Four years (2017-2020)
Cycle of assistance:	Ninth
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	9.4	18.8	28.2
Outcome 2	Adolescents and youth	4.8	5.0	9.8
Outcome 3	Gender equality and women's empowerment	7.6	0.5	8.1
Outcome 4	Population dynamics	2.5	2.0	4.5
Programme coordination and assistance		2.0	-	2.0
Total		26.3	26.3	52.6

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Please recycle

I. Situation analysis

1. Bangladesh has made significant progress in achieving socioeconomic development: universal access to primary education was almost achieved and maternal mortality – though still high – was more than halved since 2001, to 176 per 100,000 live births. The country reached the lower middle-income status in 2015 as per capita gross national income tripled between 1996 and 2014. Although millions were lifted from extreme poverty, Bangladesh did not escape the fate of other countries on a trajectory to middle-income status and saw inequality worsen over the past two decades.

2. In adopting the 2030 Agenda for Sustainable Development, unique economic and development opportunities are presented by the country's large, highly concentrated population of 160 million. Approximately 40 per cent of the population is below the age of 18, with the demographic window of opportunity projected to continue until 2031.

3. Bangladesh ranks fifth on the World Risk Index 2012, which captures the country's extreme exposure and high vulnerability to hazards. Increasing numbers of climate change migrants and other rural dwellers, including young women, head for cities, and often end up living in urban slums. Along with tea-garden workers, ethnic minorities, people in hard-to-reach hilly areas, people with disabilities and young people, these migrants constitute the most vulnerable.

4. The Government has consistently enacted progressive laws and policies that focus on expanding the rights of women and young people, but its latest five-year plan recognizes that numerous challenges remain and has included specific indicators to address some of them. Gender inequality, partly a result of deeply embedded social norms, is endemic; women's participation in gainful employment is still low at 36 per cent. Gender-based violence affects 87 per cent of ever-married women. In addition, the development needs of adolescents, including sexual and reproductive health, tend to receive inadequate attention or be legally constrained. Persistent youth unemployment and underemployment challenge the country's ability to reap the demographic dividend.

5. Each year, 5,200 women die in pregnancy or childbirth resulting from an acute shortage and uneven distribution of health workers, insufficient coverage and poor quality of emergency obstetric and newborn care. Sixty-two per cent of women still give birth at home; 58 per cent without skilled birth attendance. Yet health receives only 4.1 per cent of the government budget, with high out-of-pocket expenditures.

6. Child marriage affects three out of five girls; the share of adolescent pregnancy, at 113 births per 1,000 women aged 15-19 years, is the highest in South Asia. More than 300,000 women and girls are believed to be affected by maternal morbidities, including obstetric fistula.

7. While the contraceptive prevalence rate has increased to 62 per cent, the total fertility rate has stagnated at 2.3 since 2011. The unmet need for family planning is 12 per cent, highest in adolescent girls, and nearly one in three pregnancies, a total of 1.3 million, are terminated annually.

8. Key population data are collected regularly through the national census, the demographic and health survey, and the multiple indicator cluster survey. There is the need to strengthen the quality of these data and ensure further disaggregation for effective planning at the local level, budgeting and monitoring at the central level, and better targeting of left-behind population groups.

9. Implementation of existing progressive laws and policies continues to be a challenge, mostly due to inefficiencies arising from a large, complex government

machinery, weak systems and institutions for equity-based planning, budgeting, coordination and monitoring.

10. The Government has set up a national committee for the adaptation and operationalization of the Sustainable Development Goals in the country. As part of the health consortium, UNFPA will be active in the monitoring and accountability mechanism for the new health, population and nutrition sector development plan.

II. Past cooperation and lessons learned

11. The previous country programme (2012-2016) focused on the availability of population data as well as maternal health and family planning services, policies and information, all areas found by an independent country programme evaluation to have been successfully implemented.

12. Key achievements included: (a) strengthened local-level, evidence-based planning and budgeting in target geographic areas; (b) facilitation of the establishment of the professional midwifery cadre; (c) increased availability of 24/7 emergency obstetric and newborn care services; (d) strengthened supplies and choices of modern contraceptives; and (e) establishment of a centre of excellence for treating obstetric fistula. Effective advocacy resulted in the Bangladesh Bureau of Statistics opening up instant, online access to census data to researchers and the public for the first time in 2015. The UNFPA demographic impact study contributed to better understanding of population and development linkages, and informed the formulation of the Government's new five-year plan. The first-ever violence against women survey by the UNFPA-Bangladesh Bureau of Statistics revealed the wide extent of the issue, opening up avenues for related evidence-based programmes.

13. During that period, the programme focus was realigned to encompass adolescents. In collaboration with other United Nations organizations and development partners, UNFPA advocated for and co-led the development of a national plan of action to end child marriage and the revision of the Child Marriage Restraint Act.

14. UNFPA also expanded its reach to vulnerable groups, including refugees, migrants and other marginalized communities, providing information and services for sexual and reproductive health, and for the prevention of and response to gender-based violence.

III. Proposed programme

15. The new country programme, 2017-2020, aims to contribute to effective implementation of international instruments and commitments in Bangladesh. The strategic priority areas of the programme are aligned with the 2030 Agenda and the Sustainable Development Goals. At the same time, it seeks to address the unfinished agenda of the International Conference on Population and Development, and is guided by the Convention for the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child, the Beijing Platform for Action, the Declaration on the Elimination of Violence against Women, the Government's five-year plan, 2016-2020, the plan of action of the National Women's Advancement Policy 2011, Family Planning 2020, and the United Nations Development Assistance Framework (UNDAF), 2017-2020. The proposed components are interrelated and geared toward building human capital, as well as to ensuring a life of dignity for women, adolescent girls and those left behind.

16. The programme underscores the spirit of reaching those most left behind, including migrants, urban slum dwellers, refugees, ethnic, religious and other minorities, tea garden workers, adolescent girls, and people living with or at higher risk of HIV. The country office carried out a careful geographic mapping exercise to select key target districts for its downstream implementation work where a large

proportion of vulnerable population groups reside; while focusing on upstream advocacy for transformative policy and budgeting.

A. Outcome 1: Sexual and reproductive health and rights

17. Work will be anchored in the national health sector plan, contributing to health systems strengthening, particularly human resources for health and health financing. Evidence-based advocacy will be undertaken to influence budget allocations and expenditures for sexual and reproductive health in general, and maternal health and family planning specifically.

18. Output 1: Strengthened national policy and health-sector capacity to deliver a midwife-led continuum of care and emergency obstetric and newborn are. To accelerate reduction of maternal deaths, the programme will identify and address bottlenecks for implementation, including improvement of legal and regulatory frameworks for maternal and newborn health. Special attention will be given to the integration of basic emergency obstetric and newborn care into a midwifery-led continuum of care service package, and to setting up an effective referral pathway for acute emergencies covering all levels of the health system.

19. Output 2: Enhanced national capacity to increase demand for, and supply of, family planning information and services. In line with national commitments to Family Planning 2020, UNFPA will partner with the media using proven methods for social and behavioural change activities especially designed to raise awareness and stimulate the positive behaviour of different interest groups and users, including gatekeepers, adolescents and post-partum women, especially in slums and other underserved areas. The programme will strengthen the capacity of service providers to provide counselling and rights-based, high-quality family planning services. It will improve the contraceptive method mix and increase the overall availability of modern contraception.

20. Output 3: Increased institutional capacity to deliver integrated and equitable sexual and reproductive health services, including sexually transmitted infections and HIV, in development and humanitarian contexts. The programme will focus on addressing inequities in the country and restore the dignity of the most marginalized communities. Attention will be placed on ensuring the sexual and reproductive health rights of marginalized populations, including urban slum dwellers and those affected by humanitarian emergencies. Repair and treatment services for fistula survivors will be prioritized. UNFPA will continue to roll out and lead implementation of the Minimum Initial Service Package for reproductive health during emergency preparedness and response, and will strengthen the health-sector response to gender-based violence.

B. Outcome 2: Adolescents and youth

21. This component will focus on advocacy and targeted assistance for implementation of key policies and strategies related to adolescents and youth that will enable a demographic dividend.

22. Output 1: Increased capacity to implement evidence-based policies, strategies and services for adolescents and youth, including sexual and reproductive health and reproductive rights, gender-responsive life skills education, and prevention of child marriage. Special attention will be placed on implementing the national plan of action to end child marriage, and developing capacity to deliver gender-responsive and age-sensitive sexual and reproductive health information and services, including family planning, for in-school and out-of-school adolescents and youth.

C. Outcome 3: Gender equality and women's empowerment

23. Gender inequality fuels discrimination, child marriage and poor results in other development and economic goals. This outcome will promote implementation of laws

and policies and promote societal norms that advance gender equality, reduce harmful practices and prevent and tackle gender-based violence. In partnership with the Government, the private sector, civil society and the media, UNFPA will focus on public advocacy, communications and social mobilization to bring about positive changes in social norms and behaviours.

24. Output 1: A national mechanism operationalized to plan, coordinate and monitor strategies, policies and protocols to address gender-based violence and harmful practices. This output aims to put the national action plan on prevention of violence against women into operation, including by developing a detailed annualized results framework and monitoring system for the action plan.

25. Output 2: Increased availability of information and services to prevent and address gender-based violence and harmful practices, in both development and humanitarian settings. This output will seek to support the establishment of a functional referral mechanism at the subnational level, by developing and strengthening multisectoral (health, justice, police and social) response services for the survivors of gender-based violence, including in emergency settings.

D. Outcome 4: Population dynamics

26. This component will seek to further disaggregate data in censuses, key surveys and data analysis in order to generate evidence-based targeted planning and budgeting that helps to address human development-related inequalities and benefit from the demographic dividend. The component will also support in-depth analysis, research and exchange of good practices to build knowledge related to population dynamics in order to promote sustainable development and inclusive growth.

27. Output 1: Increased capacity of national institutions to further disaggregate, analyse and disseminate quality population data in a timely and user-friendly manner in order to inform evidence-based planning, budgeting and monitoring progress. This output seeks to foster greater accountability of duty bearers, including policy and lawmakers through the utilization of data for planning, budgeting and monitoring. It also seeks to ensure access to online census and other key national survey data for research and analysis.

IV. Programme management, monitoring and evaluation

28. National execution will continue to be the UNFPA operational modality for the country programme, under the overall coordination by the Economic Relations Division of the Ministry of Finance, in line with the UNDAF. Mechanisms for quality monitoring and reporting at programme, outcome and output levels will be emphasized, in line with the corporate results-based management policy.

29. To mobilize positive social norm change and to reach vulnerable groups, partnerships will be expanded beyond their traditional scope to include diverse media outlets and garment, tannery and tea industries, in line with the partnership plan. In unforeseen circumstances, such as emergencies, UNFPA may, in consultation with the Government, reprogramme activities. The proposed programme will need a minimum of $52.6 million, for which a resource mobilization plan has been developed and would be regularly adjusted to the evolving aid environment and development context.

30. The country office currently has a team of professional experts responsible for the appropriate adaptation of state-of-the-art technologies and knowledge to the country context and culture in implementing its programme of cooperation. A review of the optimal human resources necessary to implement the country programme will be undertaken. The country office will expand its technical capacities through global and regional knowledge networks, the UNFPA regional office and headquarters units.

RESULTS AND RESOURCES FRAMEWORK FOR BANGLADESH (2017-2020)

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
National priority: Seventh Five-Year Plan: human resource development (education, health and population) **UNDAF outcome:** All people have equal rights, access and opportunities				
Outcome 1: Sexual and reproductive health and rights Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicator(s): • Percentage of live births attended by skilled birth personnel *Baseline:* 42%; *Target:* 65% • Percentage of demand for contraception satisfied *Baseline:* 83.9%; *Target:* 87.3%	Output 1: Strengthened national policy and health sector capacity to deliver a midwife-led continuum of care and emergency obstetric and newborn care	• National midwifery policy developed and endorsed by the Government *Baseline*: No; *Target*: Yes • Number of Upazila health complexes providing midwife-led continuum of care *Baseline*: 0; *Target*: 50 • Number of union health facilities in targeted districts providing 24/7 basic emergency obstetric newborn care services. *Baseline*: 0; *Target*: 180	Directorate of Nursing Services; Bangladesh Midwifery Society; Bangladesh Nursing and Midwifery Council; Directorate General of Health Services; Directorate General of Family Planning; civil society organizations	$18.0 million ($4.2 million from regular resources and $13.8 million from other resources)
	Output 2: Enhanced national capacity to increase demand for, and supply of, family planning information and services	• National policy on family planning with emphasis on quality developed and endorsed *Baseline*: No; *Target*: Yes • Percentage of union health and family welfare centres providing at least four contraceptive methods *Baseline*: 82.3%; *Target*: 90% • Discontinuation rate for contraceptives among women aged 15-49 years Baseline: 30%; Target: 20%		$6.2 million ($3.2 million from regular resources and $3.0 million from other resources)
	Output 3: Increased institutional capacity to deliver integrated and equitable sexual and reproductive health services, including addressing sexually transmitted infections and HIV, in development and humanitarian contexts	• Percentage of facility-based deliveries among people in urban slums *Baseline*: 37%; *Target*: 55% • Number of new fistula cases operated annually *Baseline*: 320; *Target*: 800 • Number of disaster-prone districts with MISP implementation capacity *Baseline*: 0; *Target*: 22 • Number of targeted district health facilities providing integrated sexual and reproductive health and gender-based violence services *Baseline*: 0; *Target*: 12	Ministries of: Health and Family Welfare; Home Affairs; Women and Children Affairs; Disaster Management and Relief; local government; non-governmental organizations; United Nations organizations	$4.0 million ($2.0 million from regular resources and $2.0 million from other resources)
National priority: Seventh Five-Year Plan: human resource development (education, health and population). **UNDAF outcome:** All people have equal rights, access and opportunities.				
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicator(s): • Percentage of women aged 20-24 years married before age 18 *Baseline*: 59%; *Target*: 30% • Number of laws, policies and strategies that allow all adolescents	Output 1: Increased capacity to implement evidence-based policies, strategies and services for adolescents and youth including sexual and reproductive health and rights, gender-responsive life skills education, and prevention of child marriage	• A national curriculum on gender-responsive life skills education developed and endorsed by the Government *Baseline*: No; *Target*: Yes • Number of service delivery points with at least one trained service provider who can provide adolescent-friendly sexual and reproductive health information and services in selected districts *Baseline*: 10; *Target*: 600 • A costed national plan of action to eliminate child marriage developed and budget allocated *Baseline*: No; *Target*: Yes	Ministries of: Youth and Sports; Education; Health and Family Welfare; Women and Children Affairs. Parliamentarians; civil society organizations; non-governmental organizations; academia; the media; United Nations organizations	$9.8 million ($4.8 million from regular resources and $5.0 million from other resources)

and youth access to sexual and reproductive health information and services *Baseline*: 1; *Target*: 4				
National priority: Seventh Five-Year Plan: human resource development (education, health and population) **UNDAF outcome:** All people have equal rights, access and opportunities				
Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth Outcome indicator(s): • Percentage of ever-married women aged 15-49 years who agree that a husband is justified in hitting or beating his wife with at least one specified reason *Baseline*: 28.3%; *Target*: 23%	Output 1: A national mechanism operationalized to plan, coordinate and monitor strategies, policies and protocols to address gender-based violence and harmful practices	• A costed annualized results framework to operationalize the national action plan to prevent violence against women and children is in place *Baseline*: No; *Target*: Yes • Number of national training institutions that integrate a module on gender-based violence/harmful practices into pre-service/in-service training *Baseline*: 1; *Target*: 4	Ministries of: Women and Children Affairs; Labour and Employment; Health and Family Welfare; law enforcement agencies; the private sector; the media; civil society organizations; non-governmental organizations; United Nations organizations	$3.8 million from regular resources
	Output 2: Increased availability of information and services to prevent and address gender-based violence and harmful practices, in both development and humanitarian settings	• Number of districts with functional referral mechanisms to provide coordinated and comprehensive services for gender-based violence survivors, including in humanitarian settings *Baseline*: 0; *Target*: 5 • Advocacy and social behavioural change communications plan for gender-based violence prevention developed and implemented *Baseline*: No; *Target*: Yes		$4.3 million ($3.8 million from regular resources and $0.5 million from other resources)
National priority: Seventh Five Year Plan: human resource development (education, health and population) **UNDAF outcome:** All people have equal rights, access and opportunities; Prosperity – Inclusive and shared economic progress				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator(s): • Number of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets *Baseline*: 0; *Target*: 3	Output 1: Increased capacity of national institutions to further disaggregate, analyse and disseminate quality population data in a timely and user-friendly manner to inform evidence-based planning, budgeting and monitoring progress	• A sustainable development goal and seventh Five-Year Plan monitoring and reporting framework put in place with UNFPA support *Baseline*: 0; *Target*: 2 • A population census 2021 master plan with resource requirements developed and endorsed by the Government *Baseline*: No; *Target*: Yes • Number of national databases with population-based data that facilitate mapping of socioeconomic inequalities and demographic disparities accessible by users through web-based platforms *Baseline*: 2; *Target*: 7	Bangladesh Bureau of Statistics; General Economics Division/Ministry of Planning; Parliament Secretariat; University of Dhaka; National Institute of Training and Research	$4.5 million ($2.5 million from regular resources and $2.0 million from other resources)
				Total for programme coordination and assistance: 2.0 million from regular resources